

FORM 1937 (REV. 9-2002)

The Confidentiality Provisions of the Missouri Income Tax Law protect you by prohibiting other persons from obtaining information contained on your tax return. In compliance with these provisions, please complete this form to obtain a copy of your tax return(s). NAME OF TAXPAYER SOCIAL SECURITY NUMBER NAME OF SPOUSE SPOUSE'S SOCIAL SECURITY NUMBER ADDRESS ON RETURN AS FILED PRESENT ADDRESS (IF DIFFERENT) YEAR REQUESTED TAXPAYER'S SIGNATURE(S) YOUR SIGNATURE DATE SPOUSE'S SIGNATURE DATE MAIL COMPLETED FORM TO MISSOURI DEPARTMENT OF REVENUE FAX: (573) 526-1881 P.O. BOX 3022 JEFFERSON CITY, MO 65105-3022 FOR DEPARTMENT OF REVENUE USE ONLY REQUEST PROCESSED BY DATE DATE RELEASE APPROVED BY **COMMENTS**